

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/524301

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2			1		
4	6			1		
5	0			1		
6	0	0		1		
7	0	0	0		1	
8	0	0	0	1		
9	0	0	0	1		
10	0	0	0	1		
11	0	0	0	1		
12	0	0	0	1		
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TOTAL IND.	1		1			
TOTAL DEP.	14	←	12	←	←	
TOTAL CLAIMS	15		13			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓			
TOTAL DEP.	←		↓	←	←	←
TOTAL CLAIMS						